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MAR 1 8 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Krystyna Roslan - Szulc

Serial No:

09/754,796

Filing Date: January 4, 2001

Title:

THE PROTECTIVE COVERAGE OF THE OPERATIVE DENTAL

INSTRUMENTS

Examiner:

John Wilson

Art Unit: 3732

March 15, 2004

Attorney's Docket No.: PKI201a9

<u>AMENDMENT</u>

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

SIR:

This is in further response to the Office Action mailed on October 21, 2003, and setting a shortened statutory period for response of three months to expire on January 21, 2004. Applicant petitions that, if required, the time for response be extended and the corresponding fee be charged. The Commissioner is hereby authorized to charge any additional fees, which may be required to Acct. No. 11-0224.

Please amend the application as follows:

IN THE CLAIMS:

SN.: 09/754,796

PKI201A9

March 15, 2004

Page 1

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March 18, 2004

Attorney's Docket No.: PKI201T7

TRANSMITTAL LETTER

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

Transmitted herewith for filing is:

<X> Amendment dated March 15, 2004 (16 pages)

< > Enclosed is a check to cover the fee in the amount of \$

(X) The applicant hereby petitions the Commissioner of Patents and Trademarks to extend the time for response to any Office Action outstanding in the above captioned matter as necessary to avoid abandonment of the application. Please charge my deposit account No.11-0224 in the amount required to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to the above account.

(X) The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16, and 1.17, after a mailing of a Notice of Allowance under 37 CFR 1.18 or any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Acct. No.11-0224. A duplicate copy of this sheet is enclosed. If and only if account funds should be insufficient, immediately contact our associate, Lisa Zumwalt, at (703)415-0579, who will pay immediately to avoid deprivation of rights.

() Please charge my Account No.11-0224 in the amount of \$____ __. A duplicate copy of this sheet is enclosed. A signature or signatures required for the above recited document(s) is (are) provided herebelow. Such signature(s) also provide(s) ratification for any required signature appearing to be defective in the above recited document(s).

Med M Kanger

Horst Kasper, 13 Forest Drive, Warren, N.J.07059 Reg. No. 28,559 Tel.(908)526-1717

<u>Certification of facsimile transmission:</u>
I hereby certify that this paper is being facsimile transmitted to the P
Office telefax number (703) 872 9306 on SAR 18 7115

atent and Trademark

PKI201T8(March 18, 2004(am))

MAR 18 2004